

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Academy of Neurology BrainPAC

ADDRESS (number and street) 509b 2nd St. NE
 Check if different than previously reported. (ACC)
Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** C00435933
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Electronically Filed by Mr. Timothy J. Engel Date 07 31 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Academy of Neurology BrainPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		153878.00
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	154878.00									
(c) Total Receipts (from Line 19)	132004.86	132004.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	286882.86	285882.86								
7. Total Disbursements (from Line 31)	113600.00	113600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	173282.86	172282.86								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Academy of Neurology BrainPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	95072.00	95072.00
(ii) Unitemized	36932.86	36932.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)	132004.86	132004.86
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	132004.86	132004.86
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	132004.86	132004.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	132004.86	132004.86

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	113500.00	113500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	100.00	100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	113600.00	113600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	113600.00	113600.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	132004.86	132004.86
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	131904.86	131904.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Catherine M. Rydell
 Mailing Address 3820 Grand Way #309
 City State Zip Code
 St. Louis Park MN 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Neurology Occupation Executive Director/CEO
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 01 / 06 / 2011
Transaction ID: 32812531
 Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Dominic Fee
 Mailing Address 1224 Litchfield Ln
 City State Zip Code
 Lexington KY 40513-1794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Kentucky Occupation Neurologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 01 / 16 / 2011
Transaction ID: 32867879
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Judy S. Fine-Edelstein
 Mailing Address 27 Saddle Club Road
 City State Zip Code
 Lexington MA 02420-2121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 01 / 19 / 2011
Transaction ID: 32876944
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas Swanson

Mailing Address 5748 Prospect Drive
Address 3

City State Zip Code
Missoula MT 59808

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 32876949

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Pushpa Narayanaswami

Mailing Address 506 Clinton Road

City State Zip Code
Chestnut Hill MA 02467-1419

FEC ID number of contributing federal political committee. **C**

Name of Employer Beth Israel Deaconess Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2011

Transaction ID: 32895941

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Erik Perkins

Mailing Address 11660 Cypress Canyon Road

City State Zip Code
San Diego CA 92131-3756

FEC ID number of contributing federal political committee. **C**

Name of Employer Sharp-Rees-Stéaly Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 32901257

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

<p>A. Full Name (Last, First, Middle Initial) Dr. Simon J. Farrow</p> <p>Mailing Address 1804 Piccolo Way</p> <p>City State Zip Code Las Vegas NV 89146-3029</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Simon Farrow Neurology Neurologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 01 28 2011</p> <p>Transaction ID: 32908146</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Glen R. Finney</p> <p>Mailing Address 9235 NW 26th Avenue</p> <p>City State Zip Code Gainesville FL 32606-9180</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Univ. of FL Dept. of Neurology Behavioral Neurology</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 267.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 01 2011</p> <p>Transaction ID: 32911308</p> <p>Amount of Each Receipt this Period 89.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones</p> <p>Mailing Address PO Box 603253</p> <p>City State Zip Code Providence RI 02906</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 01 2011</p> <p>Transaction ID: 32911315</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	839.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Michael J. Kaminski

Mailing Address 2307 Valley Brook Rd

City State Zip Code
Nashville TN 37215

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Thomas Neurology Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: 32951241

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Heidi B. Schwarz

Mailing Address 90 Gorham St

City State Zip Code
Canandaigua NY 14424-1805

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Rochester Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 32959446

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Briseida E. Feliciano-astacio

Mailing Address V28 Ave Luis Munoz Marin
Neoera Medical

City State Zip Code
Caguas PR 00725-6462

FEC ID number of contributing federal political committee. **C**

Name of Employer Neoera Medical Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2011

Transaction ID: 32967629

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Bridglal Ramkissoon

Mailing Address 4325 Sun N Lake Blvd Ste 104

City State Zip Code
Sebring FL 33872-2171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Neurology Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2011

Transaction ID: 32967648

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Sandra F. Olson

Mailing Address 201 E Huron St Ste 11-100

City State Zip Code
Chicago IL 60611-2968

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: 32993757

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Svinder S. Toor

Mailing Address 850 Southampton Ave
Child & Adolescent Neurology

City State Zip Code
Norfolk VA 23510-1021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Childrens Specialty Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: 32993783

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Robert C. Griggs

Mailing Address 901 East Ave Apt A

City State Zip Code
Rochester NY 14607-2271

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ of Rochester Sch of Med Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: 32993784

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bruce H. Cohen

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Children's Hospital and Med. Center of Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: 32993794

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Richard A. Lafrance

Mailing Address 444 NW Elks Dr

City State Zip Code
Corvallis OR 97330-3745

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Corvallis Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: 33007484

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Glen R. Finney

Mailing Address 9235 NW 26th Avenue

City State Zip Code
Gainesville FL 32606-9180

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ. of FL Dept. of Neurology
Occupation Behavioral Neurology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
352.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2011

Transaction ID: 33011169

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Dr. John David Hixson

Mailing Address 1224 3rd Ave

City State Zip Code
San Francisco CA 94122-2705

FEC ID number of contributing federal political committee. **C**

Name of Employer UCSF
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: 33012373

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Linda A. Hershey

Mailing Address 367 Lebrun Rd

City State Zip Code
Amherst NY 14226-4130

FEC ID number of contributing federal political committee. **C**

Name of Employer VAMC & U at Buffalo
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2011

Transaction ID: 33027222

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1585.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney	Date of Receipt MM / DD / YYYY 03 / 04 / 2011
	Mailing Address 9235 NW 26th Avenue	Transaction ID: 33030726
	City State Zip Code Gainesville FL 32606-9180	Amount of Each Receipt this Period 89.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Univ. of FL Dept. of Neurology	Occupation Behavioral Neurology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.00	

B.	Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley	Date of Receipt MM / DD / YYYY 03 / 04 / 2011
	Mailing Address 2890 Burlington St	Transaction ID: 33030733
	City State Zip Code Ann Arbor MI 48105-1435	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Henry Ford Hospital	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Lyzette E. Velazquez	Date of Receipt MM / DD / YYYY 03 / 04 / 2011
	Mailing Address 29 Glen Hill Ln	Transaction ID: 33030735
	City State Zip Code Tarrytown NY 10591-5061	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Bronx Medical Neuro Care	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	289.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Patrick M. Capone

Mailing Address 125A Medical Cir

City Winchester State VA Zip Code 22601-3322

FEC ID number of contributing federal political committee. **C**

Name of Employer Winchester Neurological Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY 03 / 04 / 2011

Transaction ID: 33030808

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Anna D. Hohler

Mailing Address 58 Morton Street

City Needham Heights State MA Zip Code 02494-1204

FEC ID number of contributing federal political committee. **C**

Name of Employer BUMC Dept. of Neurology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY 03 / 07 / 2011

Transaction ID: 33031988

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark A. Kozinn

Mailing Address 3537 Knollwood Dr NW

City Atlanta State GA Zip Code 30305-1021

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY 03 / 07 / 2011

Transaction ID: 33031995

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Timothy A. Pedley

Mailing Address 55 Green Acres Dr

City Rye State NY Zip Code 10580

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 07 / 2011
Transaction ID: 33032000
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas R. Vidic

Mailing Address 22642 Remington Court

City Elkhart State IN Zip Code 46514-4674

FEC ID number of contributing federal political committee. **C**

Name of Employer Elkhart Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 07 / 2011
Transaction ID: 33032013
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Lily Jung-Henson

Mailing Address 9420 SE 54th St

City Mercer Island State WA Zip Code 98040-5121

FEC ID number of contributing federal political committee. **C**

Name of Employer Swedish Neurosci. Institute, Swedish H Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 07 / 2011
Transaction ID: 33032015
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Sara G. Austin

Mailing Address 3006 Loveland Cove

City State Zip Code
Austin TX 78746-7635

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33032017

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Christopher Calder

Mailing Address 10 Norwood Dr

City State Zip Code
Albany NY 12204-1215

FEC ID number of contributing federal political committee. **C**

Name of Employer Upstate Neurology Consultants LLP Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33032131

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kenneth J. Gaines

Mailing Address 1134D S. Clearview Pkwy
PMB 287

City State Zip Code
New Orleans LA 70123-7144

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33032145

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)

Dr. Ignacio M. Carrillo-Nunez

Mailing Address 35 Festivo

City State Zip Code
Long Beach CA 90813-3408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Neurology Specialists Med Group Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 07 / 2011

Transaction ID: 33032147

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David W. Brandes

Mailing Address 106 Autumn Woods Drive

City State Zip Code
Sweetwater TN 37874-6482

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 07 / 2011

Transaction ID: 33033766

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Laurence J. Kinsella

Mailing Address 235 Rosemont Avenue

City State Zip Code
Saint Louis MO 63119-2412

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SSM Neurologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 07 / 2011

Transaction ID: 33034805

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Brett M. Kissela

Mailing Address 9878 Zig Zag Road

City State Zip Code
Cincinnati OH 45252

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ of Cincinnati, Dept of Neuro Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33035679

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael W. Morse

Mailing Address 1794 E Joyce Blvd Ste 3

City State Zip Code
Fayetteville AR 72703-5257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Neurological Associates Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33036319

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Daniel Giang

Mailing Address 12825 Amber LN

City State Zip Code
Yucaipa CA 92399-4973

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Loma Linda University Med Ctr Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33036324

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Sarah M. Roddy

Mailing Address COLEMAN PAVILION, PEDIATRICS 11175
CAMPUS ST

City Loma Linda State CA Zip Code 92350-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Loma Linda University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33036327

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Christopher Milford

Mailing Address 11373 Rancho Villa Verde Place

City Las Vegas State NV Zip Code 89138-1551

FEC ID number of contributing federal political committee. **C**

Name of Employer Silver State Neurology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33036358

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mark S. Yerby

Mailing Address 1233 SW 57th Avenue

City Portland State OR Zip Code 97221-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer North Pacific Epilepsy Research Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33036366

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. John C. Morris		Date of Receipt MM / DD / YYYY 03 / 10 / 2011		
	Mailing Address 8032 Orlando		Transaction ID: 33044986		
	City Saint Louis	State MO	Zip Code 63105-2543	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Washington University School of Medicine	Occupation Physician	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Joan Puglia		Date of Receipt MM / DD / YYYY 03 / 10 / 2011		
	Mailing Address 30 Bridge St Ste 102 Northwest Hills Neurology P C		Transaction ID: 33044987		
	City New Milford	State CT	Zip Code 06776-3517	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self - Northwest Hills Neurology, P.C.	Occupation Neurologist	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton, III		Date of Receipt MM / DD / YYYY 03 / 10 / 2011		
	Mailing Address 1280 W Peachtree St NW 1280 West Suite 3904		Transaction ID: 33044989		
	City Atlanta	State GA	Zip Code 30309-3445	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Morehouse School of Medicine	Occupation Physician	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Burk Jubelt		Date of Receipt
	Mailing Address 750 E Adams St Rm 5815 Department of Neurology		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2011
	City	State	Zip Code
	Syracuse	NY	13210-2342
	FEC ID number of contributing federal political committee. C		Transaction ID: 33052751
Name of Employer SUNY HSC Syracuse		Occupation Neurologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen		Date of Receipt
	Mailing Address 3141 Neille Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 15 / 2011
	City	State	Zip Code
	Twinsburg	OH	44087
	FEC ID number of contributing federal political committee. C		Transaction ID: 33085755
Name of Employer Children's Hospital and Med. Center of		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00

C.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney		Date of Receipt
	Mailing Address 9235 NW 26th Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 15 / 2011
	City	State	Zip Code
	Gainesville	FL	32606-9180
	FEC ID number of contributing federal political committee. C		Transaction ID: 33085890
Name of Employer Univ. of FL Dept. of Neurology		Occupation Behavioral Neurology	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 89.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 539.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. William S. Gilmer

Mailing Address 2323 Dunstan Rd

City State Zip Code
Houston TX 77005-2613

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 33085930

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ralph F. Jozefowicz

Mailing Address 78 Lac Kine Drive

City State Zip Code
Rochester NY 14618

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Rochester Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 33085942

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth Minto

Mailing Address 553 N. Mobile Street

City State Zip Code
Fairhope AL 36532

FEC ID number of contributing federal political committee. **C**

Name of Employer Neurology: Child and Adult, P.C. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 33085954

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **435.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Jeremy M. Shefner

Mailing Address 7994 Everglades Drive

City State Zip Code
Manlius NY 13104-8501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SUNY Upstate Medical University Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2011

Transaction ID: 33085966

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Daniel B. Hier

Mailing Address 230 W Second St #3106

City State Zip Code
Kansas City MO 64105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cerner Corporation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2011

Transaction ID: 33087450

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Benjamin M. Frishberg

Mailing Address 5145 Seagrove Ct

City State Zip Code
San Diego CA 92130-3208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Neurology Center Neurologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2011

Transaction ID: 33087455

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ►

1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Joel M. Kaufman

Mailing Address 6 Fenimore Road

City State Zip Code
Worcester MA 01609-1711

FEC ID number of contributing federal political committee. **C**

Name of Employer Lifespan Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2011

Transaction ID: 33100593

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Azreena B. Thomas

Mailing Address 7711 Louis Pasteur Dr Ste 914

City State Zip Code
San Antonio TX 78229-3424

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2011

Transaction ID: 33117792

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Paula D. Ravin

Mailing Address 55 Lake Ave N
Department of Neurology

City State Zip Code
Worcester MA 01655-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Mass Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2011

Transaction ID: 33117895

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Daniel C. Potts

Mailing Address 136 Covey Chase

City Tuscaloosa State AL Zip Code 35406-1801

FEC ID number of contributing federal political committee. **C**

Name of Employer AL Neurology and Sleep Medicine, P.C. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2011

Transaction ID: 33117922

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Dr. Michael A. Williams

Mailing Address 1029 Pier Pointe Lndg

City Baltimore State MD Zip Code 21230-3975

FEC ID number of contributing federal political committee. **C**

Name of Employer LifeBridge Health Brain & Spine Instit Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2011

Transaction ID: 33119051

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Neil A. Busis

Mailing Address 6934 Rosewood Street

City Pittsburgh State PA Zip Code 15208-2639

FEC ID number of contributing federal political committee. **C**

Name of Employer Pittsburgh Neurology Ctr. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2011

Transaction ID: 33119061

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. David S. Saperstein

Mailing Address 5090 N 40th St Ste 250

City State Zip Code
Phoenix AZ 85018-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer Phoenix Neurological Associates
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2011

Transaction ID: 33119097

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. James C. Stevens

Mailing Address 12112 Aboite Center Road

City State Zip Code
Fort Wayne IN 46814-9528

FEC ID number of contributing federal political committee. **C**

Name of Employer Allied Physicians, Inc.
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2011

Transaction ID: 33121746

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Todd J. Janus

Mailing Address 4008 Muskogee Avenue

City State Zip Code
Des Moines IA 50312-1426

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Health Physicians
Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2011

Transaction ID: 33131507

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Bruce Sigsbee

Mailing Address 1199 Sennebec Road

City State Zip Code
Union ME 04862-4628

FEC ID number of contributing federal political committee. **C**

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: 33131522

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Gregory L. Barkley

Mailing Address 2890 Burlington St

City State Zip Code
Ann Arbor MI 48105-1435

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Hospital Occupation Neurologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Transaction ID: 33138131

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Glen R. Finney

Mailing Address 9235 NW 26th Avenue

City State Zip Code
Gainesville FL 32606-9180

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 619.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Transaction ID: 33138133

Amount of Each Receipt this Period
89.00

SUBTOTAL of Receipts This Page (optional) ► **289.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)

Dr. Elaine C. Jones

Mailing Address PO Box 603253

City State Zip Code
Providence RI 02906

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: 33138602

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lyzette E. Velazquez

Mailing Address 29 Glen Hill Ln

City State Zip Code
Tarrytown NY 10591-5061

FEC ID number of contributing federal political committee. **C**

Name of Employer Bronx Medical Neuro Care Occupation Neurologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: 33139501

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey A. Samuels

Mailing Address 2541 NE 35th Street

City State Zip Code
Lighthouse Point FL 33064-8156

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: 33142181

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Mike Amery

Mailing Address 20308 Trolley Crossing Ct.

City State Zip Code
Montgomery Village MD 20886

FEC ID number of contributing federal political committee. **C**

Name of Employer American Academy of Neurology
Occupation Legislative Counsel, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2011

Transaction ID: 33153889

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Rod Larson

Mailing Address 4418 Xerxes Ave S

City State Zip Code
Minneapolis MN 55410

FEC ID number of contributing federal political committee. **C**

Name of Employer American Academy of Neurology
Occupation Deputy Exec. Director, Center for Heal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2011

Transaction ID: 33159673

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. James F. Selwa

Mailing Address 2044 Valleyview Drive

City State Zip Code
Ann Arbor MI 48105

FEC ID number of contributing federal political committee. **C**

Name of Employer Wayne State Univ.
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2011

Transaction ID: 33160285

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Marc R. Nuwer

Mailing Address 711 Haverford Ave

City State Zip Code
Pacific Palisades CA 90272-4313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UCLA Dept. of Clinical Neurophysiology Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2011

Transaction ID: 33160291

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Dr. James C. Stevens

Mailing Address 12112 Aboite Center Road

City State Zip Code
Fort Wayne IN 46814-9528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allied Physicians, Inc. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2011

Transaction ID: 33160295

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. J. Clay Goodman

Mailing Address 7447 Cambridge St Apt 13

City State Zip Code
Houston TX 77054-2017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baylor Medical School Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2011

Transaction ID: 33160312

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3250.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Kavita M. Grover	Date of Receipt MM / DD / YYYY 04 / 10 / 2011
	Mailing Address 5222 Royal Vale Lane	Transaction ID: 33160321
	City State Zip Code Dearborn MI 48126	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Henry Ford Hospital Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Stanley Fahn	Date of Receipt MM / DD / YYYY 04 / 10 / 2011
	Mailing Address 155 Edgars Ln	Transaction ID: 33160327
	City State Zip Code Hastings On Hudson NY 10706-1107	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Neurological Institute Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Robyn G. Young	Date of Receipt MM / DD / YYYY 04 / 10 / 2011
	Mailing Address 5 Sand Piper Place	Transaction ID: 33160335
	City State Zip Code Alameda CA 94502	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Orange Coast Memorial Medical Center Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. David J. Walsh

Mailing Address 1815 J Boulder Springs Drive

City State Zip Code
Saint Louis MO 63146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saint Louis University Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2011

Transaction ID: 33160337

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jonathan P. Hosey

Mailing Address 1503 Red Ln

City State Zip Code
Danville PA 17821-8493

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Geisinger Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2011

Transaction ID: 33160339

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. William J. Weiner

Mailing Address 22 S Greene St # N4W46
University of Maryland Dept of Neu

City State Zip Code
Baltimore MD 21201-1544

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Maryland School of Medic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2011

Transaction ID: 33160348

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Lisa M. Shulman

Mailing Address 110 S Paca St Fl 3
Dept of Neurology RM: 3-S-127

City State Zip Code
Baltimore MD 21201-1642

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U of MD At Baltimore Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 1 1

Transaction ID: 33160350

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bennett L. Lavenstein

Mailing Address 4210 Rosemary Street

City State Zip Code
Chevy Chase MD 20815-5218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Childrens National Med Ctr Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 33161461

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Susan M. Naselli

Mailing Address 8813 Fawn Ridge Dr.

City State Zip Code
Fort Myers FL 33912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VA Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: 33161872

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Peter D. Donofrio

Mailing Address 1708 Linden Avenue

City State Zip Code
Nashville TN 37212-5112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vanderbilt University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2011

Transaction ID: 33161874

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Lisa M. DeAngelis

Mailing Address 400 East 56th Street

City State Zip Code
New York NY 10022-4339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Memorial Sloan Kettering Cancer Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2011

Transaction ID: 33161876

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Walter J. Koroshetz

Mailing Address 7808 Stable Way

City State Zip Code
Potomac MD 20854-1791

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mass General Hospital, National Institute of Health Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2011

Transaction ID: 33161889

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Glenn D. Graham

Mailing Address 2121 Jamieson Ave. Unit 505

City State Zip Code
Albuquerque NM 87122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VA Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2011

Transaction ID: 33161894

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert T. Leshner

Mailing Address 939 Coast Blvd. #56

City State Zip Code
La Jolla CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Children's National Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2011

Transaction ID: 33161900

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Larry Charleston, IV

Mailing Address 250 K St NE #406

City State Zip Code
Washington DC 20002-3381

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Public Policy Fellow Fellow

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2011

Transaction ID: 33161908

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Robert A. Gross

Mailing Address 44 Split Rock Rd

City Pittsford State NY Zip Code 14534

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Rochester Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 12 / 2011
Transaction ID: 33161910
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Laura B. Powers

Mailing Address 5629 Tazewell Pike

City Knoxville State TN Zip Code 37918-9264

FEC ID number of contributing federal political committee. **C**

Name of Employer Self/ Retired Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 12 / 2011
Transaction ID: 33161919
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Carmel Armon

Mailing Address 99 Pinewood Drive

City Longmeadow State MA Zip Code 01106

FEC ID number of contributing federal political committee. **C**

Name of Employer Baystate Medical Center Occupation Chief of Neurology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt: 04 / 12 / 2011
Transaction ID: 33161951
 Amount of Each Receipt this Period: 1900.00

SUBTOTAL of Receipts This Page (optional) ► 2900.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. John R. Wilson

Mailing Address 675 W North Ave Ste 608
Neurology Clinical Neurophysiology

City Melrose Park State IL Zip Code 60160-1627

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 12 / 2011
Transaction ID: 33161981
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robin L. Brey

Mailing Address 13618 Bluffcircle

City San Antonio State TX Zip Code 78216-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer University Texas Health Science Center Occupation neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 04 / 12 / 2011
Transaction ID: 33164517
Amount of Each Receipt this Period: 3000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jonathan L. Carter

Mailing Address 12270 No. 78th Place

City Scottsdale State AZ Zip Code 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 12 / 2011
Transaction ID: 33164528
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **4250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey L. Gross

Mailing Address 9 Coach Ln

City State Zip Code
Westport CT 06880-2108

FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Neurologists Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: 33164550

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael A. Williams

Mailing Address 1029 Pier Pointe Lndg

City State Zip Code
Baltimore MD 21230-3975

FEC ID number of contributing federal political committee. **C**

Name of Employer LifeBridge Health Brain & Spine Instit Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: 33164581

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven J. Zuckerman

Mailing Address 510 Hidden Lake Court

City State Zip Code
Baton Rouge LA 70810-4356

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: 33164590

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Charles C. Flippen, II

Mailing Address 11319 Isleta St

City State Zip Code
Los Angeles CA 90049-3022

FEC ID number of contributing federal political committee. **C**

Name of Employer County of LA/ UCLA Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: 33173223

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Fang Feng

Mailing Address 6194 Minosa Circle

City State Zip Code
Tucker GA 30084

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: 33173237

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Allison Brashear

Mailing Address 208 Hadley Ct

City State Zip Code
Winston Salem NC 27106-4489

FEC ID number of contributing federal political committee. **C**

Name of Employer Wake Forest Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 33173260

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Orly Avitzur		Date of Receipt
	Mailing Address 815 Old Sleepy Hollow Rd Extension		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 14 / 2011
	City	State	Zip Code
	Briarcliff	NY	10510-2543
	FEC ID number of contributing federal political committee. C		Transaction ID: 33182578
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Dr. Neil A. Busis		Date of Receipt
	Mailing Address 6934 Rosewood Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 14 / 2011
	City	State	Zip Code
	Pittsburgh	PA	15208-2639
	FEC ID number of contributing federal political committee. C		Transaction ID: 33182580
Name of Employer Pittsburgh Neurology Ctr.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 3000.00

C.	Full Name (Last, First, Middle Initial) Dr. Dara G. Jamieson		Date of Receipt
	Mailing Address 428 E 72nd St Ofc 400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 18 / 2011
	City	State	Zip Code
	New York	NY	10021-4635
	FEC ID number of contributing federal political committee. C		Transaction ID: 33182589
Name of Employer Weill Cornell		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 4000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Edwin Trevathan

Mailing Address 3545 Lafayette Ave Ste 300

City State Zip Code
Saint Louis MO 63104-1314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Louis Children's Hospital Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 33182617

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mark Mintz

Mailing Address 20 Robin Lane Drive

City State Zip Code
Cherry Hill NJ 08003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Center of Neurological Health Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 33182619

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Petre Udrea

Mailing Address 1975 Miamisburg Centerville Rd

City State Zip Code
Dayton OH 45459-3811

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dayton Center for Neuro Disorders Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 33182625

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Stacy A. Rudnicki

Mailing Address 236 Kingsrow Drive

City State Zip Code
Little Rock AR 72207-4117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ. of AR Med. Ctr. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 33183269

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Richard D. Brower

Mailing Address 712 Twin Hills Drive

City State Zip Code
El Paso TX 79912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Tech University HSC Dept. of Neu Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 33184269

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kathy L. Gardner

Mailing Address 4148 Windsor St

City State Zip Code
Pittsburgh PA 15217-2663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Veterans Admin. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: 33184270

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Marc Chamberlain

Mailing Address 6308 18th Ave NE

City State Zip Code
Seattle WA 98115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univeristy of Washington Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: 33184284

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey J. Raizer

Mailing Address 1506 Kittyhawk Lane

City State Zip Code
Glenview IL 60226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northwestern University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: 33184288

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. David A. Konanc

Mailing Address 1540 Sunday Dr Ste 100

City State Zip Code
Raleigh NC 27607-6000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Raleigh Neurology Associa-
tes, P.A. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: 33184322

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Neil A. Busis

Mailing Address 6934 Rosewood Street

City State Zip Code
Pittsburgh PA 15208-2639

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pittsburgh Neurology Ctr. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: 33184339

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Dr. William G. Preston

Mailing Address 232 Emerald Bay

City State Zip Code
Laguna Beach CA 92651-1267

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saddleback Valley Neurosc-i. Med. Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: 33184372

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Timothy A. Pedley

Mailing Address 55 Green Acres Dr

City State Zip Code
Rye NY 10580

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Columbia University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: 33184389

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Aaron E. Miller

Mailing Address 55 E 86th St Apt 7B

City State Zip Code
New York NY 10028-1059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mount Sinai School of Medicine Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 33184967

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bruce H. Cohen

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Children's Hospital and Med. Center of Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: 33186958

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Glen R. Finney

Mailing Address 9235 NW 26th Avenue

City State Zip Code
Gainesville FL 32606-9180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ. of FL Dept. of Neurology Behavioral Neurology

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 708.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: 33186963

Amount of Each Receipt this Period
89.00

SUBTOTAL of Receipts This Page (optional)

1239.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. William S. Gilmer

Mailing Address 2323 Dunstan Rd

City State Zip Code
Houston TX 77005-2613

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: 33186965

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)
Dr. Katherine A. Henry

Mailing Address 300 E 33rd St Apt 16M

City State Zip Code
New York NY 10016-9419

FEC ID number of contributing federal political committee. **C**

Name of Employer NYU School of Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: 33186967

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth Minto

Mailing Address 553 N. Mobile Street

City State Zip Code
Fairhope AL 36532

FEC ID number of contributing federal political committee. **C**

Name of Employer Neurology: Child and Adult, P.C. Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: 33186971

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

385.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Thomas Swanson		Date of Receipt																				
	Mailing Address 5748 Prospect Drive Address 3		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		1	8		2	0	1	1													
	City	State	Zip Code																				
Missoula	MT	59808																					
FEC ID number of contributing federal political committee.		C <input type="text"/>	Transaction ID: 33187079																				
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>																				
		<input type="text" value="500.00"/>																					

B.	Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts		Date of Receipt																				
	Mailing Address 136 Covey Chase		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		2	1		2	0	1	1													
	City	State	Zip Code																				
Tuscaloosa	AL	35406-1801																					
FEC ID number of contributing federal political committee.		C <input type="text"/>	Transaction ID: 33215612																				
Name of Employer AL Neurology and Sleep Me- dicine, P.C.		Occupation Physician	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>																				
		<input type="text" value="400.00"/>																					

C.	Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan		Date of Receipt																				
	Mailing Address PO Box 6059 1617 Sylvester St SW		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		2	1		2	0	1	1													
	City	State	Zip Code																				
Olympia	WA	98501-2228																					
FEC ID number of contributing federal political committee.		C <input type="text"/>	Transaction ID: 33215816																				
Name of Employer Madigan Army Medical Cent- er / Self		Occupation Physician	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="375.00"/>																				
		<input type="text" value="375.00"/>																					

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="725.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. John G. Nutt

Mailing Address 3181 SW Sam Jackson Park Rd
Department of Neurology OP-32

City State Zip Code
Portland OR 97239-3011

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Oregon Health Sci University Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2011

Transaction ID: 33218229

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Michael Gruenthal

Mailing Address 47 New Scotland Ave
Neurology Dept MC70

City State Zip Code
Albany NY 12208-3479

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Albany Medical College Neurologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2011

Transaction ID: 33222596

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Wesley A. Carr

Mailing Address 1031 McClellan Road

City State Zip Code
Anderson SC 29621

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Neuroscience Associates Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2011

Transaction ID: 33223690

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Christopher Prusinski

Mailing Address 119 Lansing Island

City State Zip Code
Indian Harbour Bea FL 32937

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 33223693

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Michael C. Graeber

Mailing Address 971 Lakeland Dr Ste 560

City State Zip Code
Jackson MS 39216-4607

FEC ID number of contributing federal political committee. **C**

Name of Employer Muscle & Nerve, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Transaction ID: 33230968

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)
Dr. Todd J. Janus

Mailing Address 4008 Muskogee Avenue

City State Zip Code
Des Moines IA 50312-1426

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Health Physicians Occupation Neurologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Transaction ID: 33234012

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Bruce Sigsbee

Mailing Address 1199 Sennebec Road

City Union State ME Zip Code 04862-4628

FEC ID number of contributing federal political committee. **C**

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2011

Transaction ID: 33234023

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lynne P. Taylor

Mailing Address 4229 NE 33rd St

City Seattle State WA Zip Code 98105-5354

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Mason Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt 04 / 28 / 2011

Transaction ID: 33234026

Amount of Each Receipt this Period 118.00

C.

Full Name (Last, First, Middle Initial)
Dr. Gregory L. Barkley

Mailing Address 2890 Burlington St

City Ann Arbor State MI Zip Code 48105-1435

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Hospital Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 556.00

Date of Receipt 04 / 28 / 2011

Transaction ID: 33234039

Amount of Each Receipt this Period 156.00

SUBTOTAL of Receipts This Page (optional) ► **374.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Michael E. Batipps

Mailing Address 106 Irving St NW Ste 2600

City State Zip Code
Washington DC 20010-2962

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Washington Hospital Center Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: 33238672

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Manmohan Nayyar

Mailing Address 15007 Pamlico Rd

City State Zip Code
Apple Valley CA 92307-5005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
High Desert Neuro-Diagnostic Med. Grp. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: 33238904

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Dennis Q. McManus

Mailing Address 8600 North Route 91 Suite 230

City State Zip Code
Peoria IL 61615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIU School of Medicine Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: 33239279

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Leo R. Germin		Date of Receipt
	Mailing Address 1691 W Horizon Ridge Pkwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 1 / 2 0 1 1
	City	State	Zip Code
	Henderson	NV	89012-3494
	FEC ID number of contributing federal political committee.		Transaction ID: 33250018
Name of Employer Clinical Neurology Specialists		Occupation Neurologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney		Date of Receipt
	Mailing Address 9235 NW 26th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 2 / 2 0 1 1
	City	State	Zip Code
	Gainesville	FL	32606-9180
	FEC ID number of contributing federal political committee.		Transaction ID: 33250027
Name of Employer Univ. of FL Dept. of Neurology		Occupation Behavioral Neurology	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 89.00

C.	Full Name (Last, First, Middle Initial) Dr. Joseph S. Kass		Date of Receipt
	Mailing Address 4929 Valerie		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 2 / 2 0 1 1
	City	State	Zip Code
	Bellaire	TX	77401-5707
	FEC ID number of contributing federal political committee.		Transaction ID: 33250029
Name of Employer Baylor College of Medicine		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 389.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Lyzette E. Velazquez

Mailing Address 29 Glen Hill Ln

City State Zip Code
Tarrytown NY 10591-5061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bronx Medical Neuro Care Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2011

Transaction ID: 33250032

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr. Niranjan N. Jani

Mailing Address Hawthorne Office Park
10810 Hickory Ridge Road

City State Zip Code
Columbia MD 21044-3622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Georgetown & Maryland State University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2011

Transaction ID: 33255926

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bernard M. Weintraub

Mailing Address Po Box 608

City State Zip Code
Flanders NJ 07836-0608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Neurologic Arts Association Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2011

Transaction ID: 33261278

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Richard L. Pantera, Jr.

Mailing Address 623 W Willow Ave

City State Zip Code
Visalia CA 93291-6101

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2011

Transaction ID: 33284096

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Nilay R. Shah

Mailing Address 160 W 66th St
22J

City State Zip Code
New York NY 10023-6555

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2011

Transaction ID: 33285511

Amount of Each Receipt this Period
2999.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert C. Griggs

Mailing Address 901 East Ave Apt A

City State Zip Code
Rochester NY 14607-2271

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Rochester Sch of Med Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2011

Transaction ID: 33291940

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **4499.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. J Michael Powers

Mailing Address 7510 N 1st St

City State Zip Code
Phoenix AZ 85020-4001

FEC ID number of contributing federal political committee. **C**

Name of Employer
Affiliated Neurologists Ltd

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2011

Transaction ID: 33295358

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark S. Yerby

Mailing Address 1233 SW 57th Avenue

City State Zip Code
Portland OR 97221-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer
North Pacific Epilepsy Re-
search

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2011

Transaction ID: 33301122

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael Hutchinson

Mailing Address 530 1st Ave # 5A

City State Zip Code
New York NY 10016-6402

FEC ID number of contributing federal political committee. **C**

Name of Employer
Langone Med. Center

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: 33305373

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. William S. Gilmer

Mailing Address 2323 Dunstan Rd

City State Zip Code
Houston TX 77005-2613

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 05 / 16 / 2011
Transaction ID: 33305689
Amount of Each Receipt this Period: 85.00

B. Full Name (Last, First, Middle Initial)
Dr. Katherine A. Henry

Mailing Address 300 E 33rd St Apt 16M

City State Zip Code
New York NY 10016-9419

FEC ID number of contributing federal political committee. **C**

Name of Employer NYU School of Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 05 / 16 / 2011
Transaction ID: 33306213
Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Dr. Alexander Krob

Mailing Address 2211 NE 139th St

City State Zip Code
Vancouver WA 98686-2742

FEC ID number of contributing federal political committee. **C**

Name of Employer Dept of Neurology Unc Hospitals Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt: 05 / 16 / 2011
Transaction ID: 33306564
Amount of Each Receipt this Period: 111.00

SUBTOTAL of Receipts This Page (optional) ► 396.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 136 Covey Chase		Transaction ID: 33307019		
	City Tuscaloosa	State AL	Zip Code 35406-1801	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer AL Neurology and Sleep Medicine, P.C.		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Dariush Saghafi		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 2741 Belgrave Rd		Transaction ID: 33307021		
	City Pepper Pike	State OH	Zip Code 44124-4601	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
Name of Employer Parma Neurology		Occupation Neurologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 4229 NE 33rd St		Transaction ID: 33307025		
	City Seattle	State WA	Zip Code 98105-5354	Amount of Each Receipt this Period 118.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 354.00		
Name of Employer Virginia Mason Medical Center		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional) ▶

318.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Dario M. Zagar

Mailing Address 127 Brookview Ave

City State Zip Code
Fairfield CT 06825-1867

FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Neurologists of So. Ct. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: 33307027

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bruce H. Cohen

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Hospital and Med. Center of Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2011

Transaction ID: 33331681

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Steven L. Lewis

Mailing Address 806 Timber Hill Road

City State Zip Code
Highland Park IL 60035-5121

FEC ID number of contributing federal political committee. **C**

Name of Employer Rush Univ. Med. Ctr. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2011

Transaction ID: 33332675

Amount of Each Receipt this Period
111.00

SUBTOTAL of Receipts This Page (optional) ► **361.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 4229 NE 33rd St		Transaction ID: 33373542		
	City Seattle	State WA	Zip Code 98105-5354	Amount of Each Receipt this Period 118.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Virginia Mason Medical Center	Occupation Physician	Aggregate Year-to-Date 472.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Todd J. Janus		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 4008 Muskogee Avenue		Transaction ID: 33373594		
	City Des Moines	State IA	Zip Code 50312-1426	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Iowa Health Physicians	Occupation Neurologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 1199 Sennebec Road		Transaction ID: 33373613		
	City Union	State ME	Zip Code 04862-4628	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Penobscot Bay Medical Center	Occupation Physician	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	318.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Carolyn L. Taylor	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 11 Bellwether Way Suite 210	Transaction ID: 33373616
	City Bellingham State WA Zip Code 98229-2574	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Northwest Neurology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 9235 NW 26th Avenue	Transaction ID: 33375796
	City Gainesville State FL Zip Code 32606-9180	Amount of Each Receipt this Period 89.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 886.00	

C.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney	Date of Receipt MM / DD / YYYY 06 / 01 / 2011
	Mailing Address 9235 NW 26th Avenue	Transaction ID: 33378193
	City Gainesville State FL Zip Code 32606-9180	Amount of Each Receipt this Period 89.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 975.00	

SUBTOTAL of Receipts This Page (optional)	278.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Joseph S. Kass

Mailing Address 4929 Valerie

City State Zip Code
Bellaire TX 77401-5707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baylor College of Medicine Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2011

Transaction ID: 33378200

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr. Alan G. Stein

Mailing Address 1301 Punchbowl St

City State Zip Code
Honolulu HI 96813-2402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Queen's Medical Center Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2011

Transaction ID: 33378202

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lyzette E. Velazquez

Mailing Address 29 Glen Hill Ln

City State Zip Code
Tarrytown NY 10591-5061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bronx Medical Neuro Care Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2011

Transaction ID: 33378204

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Elaine C. Jones

Mailing Address PO Box 603253

City State Zip Code
Providence RI 02906

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: 33404547

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert L. Ruff

Mailing Address 935 Richmond Rd

City State Zip Code
Cleveland OH 44124-1063

FEC ID number of contributing federal political committee. **C**

Name of Employer Case Western Res University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: 33423726

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Drasko Simovic

Mailing Address 50 Prospect St Rm 404
EMG Laboratory

City State Zip Code
Lawrence MA 01841-2838

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts University School of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33446999

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Edward F. Good

Mailing Address 3229 Preston Hollow Rd

City State Zip Code
Fort Worth TX 76109-2052

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33447001

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Elliott G. Gross

Mailing Address 65 Horseshoe Hill Rd

City State Zip Code
Pound Ridge NY 10576-1636

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33447005

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Joel M. Dean

Mailing Address 1060 Orchard Ave Unit G

City State Zip Code
Grand Junction CO 81501-2997

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Health Providers Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33447014

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Sajjan K. Nemani

Mailing Address 1054 M L King Dr Ste 124

City State Zip Code
Centralia IL 62801-3065

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2011

Transaction ID: 33447023

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Gary L. Stanton

Mailing Address 131 Old Road To 9 Acre Cor Ste 600

City State Zip Code
Concord MA 01742-4191

FEC ID number of contributing federal political committee. **C**

Name of Employer Emerson Hospital Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2011

Transaction ID: 33447752

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jennifer J. Majersik

Mailing Address 175 N Medical Center Drive
3rd Floor

City State Zip Code
Salt Lake City UT 84132-5901

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Utah Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 33449565

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 3141 Neille Lane		Transaction ID: 33453316		
	City Twinsburg	State OH	Zip Code 44087	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Children's Hospital and Med. Center of	Occupation Physician	Aggregate Year-to-Date 900.00		

B.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 9235 NW 26th Avenue		Transaction ID: 33453321		
	City Gainesville	State FL	Zip Code 32606-9180	Amount of Each Receipt this Period 89.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ. of FL Dept. of Neurology	Occupation Behavioral Neurology	Aggregate Year-to-Date 1064.00		

C.	Full Name (Last, First, Middle Initial) Dr. James M. Gilchrist		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 586 Old Westport Rd		Transaction ID: 33453325		
	City North Dartmouth	State MA	Zip Code 02747-2383	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Neurology Foundation	Occupation Neurologist	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	364.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. William S. Gilmer		Date of Receipt
	Mailing Address 2323 Dunstan Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2011
	City	State	Zip Code
	Houston	TX	77005-2613
	FEC ID number of contributing federal political committee. C		Transaction ID: 33453331
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 510.00	

B.	Full Name (Last, First, Middle Initial) Dr. Ralph F. Jozefowicz		Date of Receipt
	Mailing Address 78 Lac Kine Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2011
	City	State	Zip Code
	Rochester	NY	14618
	FEC ID number of contributing federal political committee. C		Transaction ID: 33453376
Name of Employer University of Rochester		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Alexander Krob		Date of Receipt
	Mailing Address 2211 NE 139th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2011
	City	State	Zip Code
	Vancouver	WA	98686-2742
	FEC ID number of contributing federal political committee. C		Transaction ID: 33453378
Name of Employer Dept of Neurology Unc Hos- pitals		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 111.00
		<input type="text"/> 333.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 446.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis		Date of Receipt
	Mailing Address 806 Timber Hill Road		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Highland Park	IL	60035-5121
	FEC ID number of contributing federal political committee. C		Transaction ID: 33453381
Name of Employer Rush Univ. Med. Ctr.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="333.00"/>	<input type="text" value="111.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Dariush Saghafi		Date of Receipt
	Mailing Address 2741 Belgrave Rd		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Pepper Pike	OH	44124-4601
	FEC ID number of contributing federal political committee. C		Transaction ID: 33453395
Name of Employer Parma Neurology		Occupation Neurologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Jeremy M. Shefner		Date of Receipt
	Mailing Address 7994 Everglades Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Manlius	NY	13104-8501
	FEC ID number of contributing federal political committee. C		Transaction ID: 33453397
Name of Employer SUNY Upstate Medical University		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="461.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Lynne P. Taylor

Mailing Address 4229 NE 33rd St

City State Zip Code
Seattle WA 98105-5354

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Virginia Mason Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 590.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 33453402

Amount of Each Receipt this Period
118.00

B.

Full Name (Last, First, Middle Initial)
Dr. Dario M. Zagar

Mailing Address 127 Brookview Ave

City State Zip Code
Fairfield CT 06825-1867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Associated Neurologists of So. Ct. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 33453407

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Daniel C. Potts

Mailing Address 136 Covey Chase

City State Zip Code
Tuscaloosa AL 35406-1801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AL Neurology and Sleep Medicine, P.C. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 33454139

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **318.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. William J. Hamilton

Mailing Address 3910 McGregor Ct

City State Zip Code
Mobile AL 36608-1809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Volunteer Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 33484981

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bruce Sigsbee

Mailing Address 1199 Sennebec Road

City State Zip Code
Union ME 04862-4628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Penobscot Bay Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: 33485229

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Todd J. Janus

Mailing Address 4008 Muskogee Avenue

City State Zip Code
Des Moines IA 50312-1426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Iowa Health Physicians Neurologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: 33485243

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

450.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Mr. Bryan Soronson		Date of Receipt
	Mailing Address 10 Leicester Ct		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Owings Mills	MD	21117-1264
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Univ. MD Dept. Neurology		Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>	Transaction ID: 33620708
			Amount of Each Receipt this Period <input type="text" value="0.00"/>
			[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$10-0.00

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="95072.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

<p>A. Full Name (Last, First, Middle Initial) America's New Majority</p> <p>Mailing Address 228 S. Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Leadership PAC Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32796152 Date of Disbursement 01 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Leadership PAC</p>
<p>B. Full Name (Last, First, Middle Initial) Mccollum For Congress</p> <p>Mailing Address P.O. Box 14131</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Campaign Contribution Candidate Name Rep. Betty McCollum</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32890060 Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Vine PAC</p> <p>Mailing Address 236 Massachusetts Avenue, NE Suite 603</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Leadership PAC Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32901328 Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Leadership PAC</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Michael Burgess For Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Michael C. Burgess, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32968287</p> <p>Date of Disbursement 02 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress</p> <p>Mailing Address PO Box 12667</p> <p>City Bakersfield State CA Zip Code 93389</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Kevin McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32969175</p> <p>Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address Ronald Reagan Republican Center 425 2nd Street NE</p> <p>City Washington State DC Zip Code 2000</p> <p>Purpose of Disbursement National Party Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33006510</p> <p>Date of Disbursement 02 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>National Party Contributi- on</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 / 92

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

<p>A. Full Name (Last, First, Middle Initial) Heller For Congress</p> <p>Mailing Address PO Box 531086</p> <p>City Henderson State NV Zip Code 89053</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Dean Heller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 02</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33015631</p> <p>Date of Disbursement 03 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address PO Box 661</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 19</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33015633</p> <p>Date of Disbursement 03 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 06</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33015634</p> <p>Date of Disbursement 03 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Gingrey For Congress	Transaction ID: 33026947 Date of Disbursement 03 / 03 / 2011
	Mailing Address PO Box U	Amount of Each Disbursement this Period 1000.00
	City Marietta State GA Zip Code 30060	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Phil Gingrey, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	011 Category/Type
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

B.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 33026950 Date of Disbursement 03 / 03 / 2011
	Mailing Address 320 First Street SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee	Transaction ID: 33043383 Date of Disbursement 03 / 09 / 2011
	Mailing Address PO Box 87	Amount of Each Disbursement this Period 1000.00
	City Uwchland State PA Zip Code 19480	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. James W. Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	011 Category/Type
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 / 92

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: 33044890 Date of Disbursement 03 / 10 / 2011
	Mailing Address 700 13th Street, Nw Suite 600	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Steny H. Hoyer	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Campaign Contribution

B.	Full Name (Last, First, Middle Initial) Perlmutter For Congress	Transaction ID: 33069179 Date of Disbursement 03 / 14 / 2011
	Mailing Address 3440 Youngfield Street #264	Amount of Each Disbursement this Period 1000.00
	City Wheat Ridge State CO Zip Code 80033	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Edwin Perlmutter	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Campaign Contribution

C.	Full Name (Last, First, Middle Initial) Bucshon For Congress	Transaction ID: 33069184 Date of Disbursement 03 / 14 / 2011
	Mailing Address PO Box 250	Amount of Each Disbursement this Period 1000.00
	City Newburgh State IN Zip Code 47629	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Larry Bucshon, MD	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial) Rogers For Congress Mailing Address PO Box 581 City Brighton State MI Zip Code 48116 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Michael J. Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33069192 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Campaign Contribution
	Category/Type 011

B. Full Name (Last, First, Middle Initial) Berkley For Senate Mailing Address 3069 Conquista Court City Las Vegas State NV Zip Code 89121 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Shelley Berkley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33069200 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Campaign Contribution
	Category/Type 011

C. Full Name (Last, First, Middle Initial) JOE PAC Mailing Address 1707 Prince Street #5 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Leadership PAC Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33069214 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Leadership PAC Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate Mailing Address P.O. Box 21093 City Catonsville State MD Zip Code 21228 Purpose of Disbursement Campaign Contribution Candidate Name Sen. Benjamin Cardin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33087435 Date of Disbursement 03 / 15 / 2011	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
B.	Full Name (Last, First, Middle Initial) TRUST PAC Mailing Address 104 Hume Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Leadership PAC Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33087440 Date of Disbursement 03 / 15 / 2011	Amount of Each Disbursement this Period 2500.00 Leadership PAC Contribution
C.	Full Name (Last, First, Middle Initial) Pete Sessions For Congress Mailing Address PO Box 823047 City Dallas State TX Zip Code 75382 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33087444 Date of Disbursement 03 / 15 / 2011	Amount of Each Disbursement this Period 1500.00 Campaign Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Price For Congress		Transaction ID: 33087447	
	Mailing Address P.O. Box 425		Date of Disbursement 03 / 15 / 2011	
	City Roswell	State GA	Zip Code 30077	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution		011 Category/ Type	Campaign Contribution
Candidate Name Rep. Thomas Edmunds Price, M.D.				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 06				

B.	Full Name (Last, First, Middle Initial) Scott Brown For Us Senate Committee Inc		Transaction ID: 33087579	
	Mailing Address P.O. Box 395		Date of Disbursement 03 / 15 / 2011	
	City Wrentham	State MA	Zip Code 02903	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign Contribution		011 Category/ Type	Campaign Contribution
Candidate Name Sen. Scott Brown				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MA District:				

C.	Full Name (Last, First, Middle Initial) Snowe For Senate		Transaction ID: 33090801	
	Mailing Address PO Box 2012		Date of Disbursement 03 / 16 / 2011	
	City Portland	State ME	Zip Code 04104	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution		011 Category/ Type	Campaign Contribution
Candidate Name Sen. Olympia J. Snowe				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME District:				

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Transaction ID: 33090802

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

Mailing Address 320 First Street SE

Amount of Each Disbursement this Period

5000.00

City Washington State DC Zip Code 20002

Purpose of Disbursement
Party Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Party Contribution

State: District:

B.

Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Transaction ID: 33090804

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

Mailing Address 320 First Street SE

Amount of Each Disbursement this Period

-5000.00

City Washington State DC Zip Code 20002

Purpose of Disbursement
Void - National Republican Congressional Committee

011
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Void - National Republican Congressional Committee

State: District:

C.

Full Name (Last, First, Middle Initial)
Texans For Henry Cuellar Congressional Campaign

Transaction ID: 33120222

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	1

Mailing Address 1519 Washington Street
2nd Floor, Suite 200

Amount of Each Disbursement this Period

1000.00

City Laredo State TX Zip Code 78042

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Rep. Henry Cuellar

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

Campaign Contribution

State: TX District: 28

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Russ Carnahan In Congress Committee

Transaction ID: 33121752

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	1

Mailing Address 7000 Chippewa St

Amount of Each Disbursement this Period

2500.00

City State Zip Code
St Louis MO 63123

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Rep. Russ Carnahan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 03

Campaign Contribution

B.

Full Name (Last, First, Middle Initial)
Dave Camp For Congress

Transaction ID: 33135347

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Mailing Address 5915 Eastman Avenue
Suite 100

Amount of Each Disbursement this Period

5000.00

City State Zip Code
Midland MI 48640

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
Rep. David Lee Camp

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

campaign contribution

C.

Full Name (Last, First, Middle Initial)
Charles Boustany Jr. Md For Congress, Inc.

Transaction ID: 33142547

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Mailing Address PO Box 80126

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Rep. Charles W. Boustany, Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 33148882 Date of Disbursement
	Mailing Address 120 Maryland Avenue, NE	<input type="text" value="04"/> <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Party Contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		011 Category/ Type
		Political Party Contribution

B.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 33148884 Date of Disbursement
	Mailing Address 120 Maryland Avenue, NE	<input type="text" value="04"/> <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Void - Democratic Senatorial Campaign Committee Candidate Name	<input type="text" value="-5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		011 Category/ Type
		Void - Democratic Senatorial Campaign Committee

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 33148885 Date of Disbursement
	Mailing Address 120 Maryland Avenue, NE	<input type="text" value="04"/> <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Party Contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		011 Category/ Type
		Political Party Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz For Congress	Transaction ID: 33239596 Date of Disbursement
	Mailing Address 1071 Twin Branch Ln	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Weston State FL Zip Code 33326	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Debbie Wasserman-Schultz	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Campaign Contribution
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	Transaction ID: 33277110 Date of Disbursement
	Mailing Address 209 Pennsylvania Ave. SE	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Congressional PAC Contribution	<input type="text" value="5000.00"/>
	Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Congressional PAC Contrib- ution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Paul Gosar For Congress	Transaction ID: 33294899 Date of Disbursement
	Mailing Address 2222 E. Cedar Ave.	<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Flagstaff State AZ Zip Code 86004	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Paul Gosar	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Campaign Contribution
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

<p>A. Full Name (Last, First, Middle Initial) John D. Dingell For Congress</p> <p>Mailing Address 700 13th Street, Nw, Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33294900 Date of Disbursement 05 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) TFP-FOJB Committee</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Leadership Committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33301207 Date of Disbursement 05 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Leadership Committee</p>
<p>C. Full Name (Last, First, Middle Initial) Rhode Island Hope PAC</p> <p>Mailing Address 10 G Street, NE Suite 570</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Leadership Committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33301209 Date of Disbursement 05 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Leadership Committee</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Charles W. Boustany, Jr.

011
Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 33304733
Date of Disbursement

05 / 12 / 2011

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Fleming For Congress

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. John C. Fleming, MD

011
Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 33304790
Date of Disbursement

05 / 13 / 2011

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Fleming For Congress

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement
Void - Fleming For Congress

Candidate Name
Rep. John C. Fleming, MD

011
Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 33304792
Date of Disbursement

05 / 13 / 2011

Amount of Each Disbursement this Period

-1000.00

Void - Fleming For Congress

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Fleming For Congress	Transaction ID: 33304793 Date of Disbursement 05 / 13 / 2011
	Mailing Address PO Box 1236	Amount of Each Disbursement this Period 1000.00
	City Minden State LA Zip Code 71058	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. John C. Fleming, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	011 Category/ Type
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

B.	Full Name (Last, First, Middle Initial) Friends of John Barrasso Committee	Transaction ID: 33350637 Date of Disbursement 05 / 19 / 2011
	Mailing Address 406 Virginia Ave.,	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22302	
	Purpose of Disbursement Campaign Contribution Candidate Name Sen. John Barrasso Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	011 Category/ Type
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

C.	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	Transaction ID: 33356085 Date of Disbursement 05 / 23 / 2011
	Mailing Address 76 Magnolia Terrace	Amount of Each Disbursement this Period 1000.00
	City Springfield State MA Zip Code 01108	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Richard E. Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	011 Category/ Type
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus <hr/> Mailing Address PO Box 586 <hr/> City Helena State MT Zip Code 59624 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Sen. Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:	Transaction ID: 33356086 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 1 1	Amount of Each Disbursement this Period 2500.00 Campaign Contribution
B.	Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress <hr/> Mailing Address Box 137 <hr/> City Spokane State WA Zip Code 99210 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Rep. Cathy McMorris Rodgers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 05	Transaction ID: 33356316 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
C.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee <hr/> Mailing Address P.O. Box 8331 <hr/> City Fremont State CA Zip Code 94537 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Rep. Fortney Peter Stark Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 13	Transaction ID: 33356317 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 Campaign Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

<p>A. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P.O. Box 521048</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 02</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33356318</p> <p>Date of Disbursement 05 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Becerra For Congress</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 31</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33375809</p> <p>Date of Disbursement 05 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Giffords For Congress</p> <p>Mailing Address PO Box 12886</p> <p>City Tucson State AZ Zip Code 85732</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District: 08</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33375810</p> <p>Date of Disbursement 05 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.	Full Name (Last, First, Middle Initial) Friends Of Lois Capps <hr/> Mailing Address PO Box 23940 <hr/> City Santa Barbara State CA Zip Code 93121 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Rep. Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33378436 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
B.	Full Name (Last, First, Middle Initial) Republican Main Street PAC <hr/> Mailing Address 325 7th Street, NW Suite 610 <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Leadership PAC Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33378440 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period 5000.00 Leadership PAC Contribution
C.	Full Name (Last, First, Middle Initial) Andy Harris For Congress <hr/> Mailing Address PO Box 426 <hr/> City Stevensville State MD Zip Code 21666 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Rep. Andy Harris Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33380724 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 Campaign Contribution

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

<p>A. Full Name (Last, First, Middle Initial) Al Franken For Senate 2014</p> <p>Mailing Address PO Box 583144</p> <p>City Minneapolis State MN Zip Code 55458</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Al Franken</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33423833</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 South Capitol St. SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement National Party Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33431808</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>National Party Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Ryan For Congress</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Paul D. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 01</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33447513</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

<p>A. Full Name (Last, First, Middle Initial) Paul Broun Committee</p> <p>Mailing Address P.O. Box 6337</p> <p>City Athens State GA Zip Code 30604</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Paul C. Broun, MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 10</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33447716</p> <p>Date of Disbursement 06 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Diane Black For Congress</p> <p>Mailing Address PO Box 1437</p> <p>City Gallatin State TN Zip Code 37066</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Diane Black</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 06</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33447746</p> <p>Date of Disbursement 06 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressional Campaign</p> <p>Mailing Address 1519 Washington Street 2nd Floor, Suite 200</p> <p>City Laredo State TX Zip Code 78042</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Henry Cuellar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 28</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33456063</p> <p>Date of Disbursement 06 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A.

Full Name (Last, First, Middle Initial)
Klobuchar For Minnesota 2012

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
Campaign Contribution

Candidate Name
Sen. Amy Klobuchar

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MN District:

Transaction ID: 33469902
Date of Disbursement

06 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

B.

Full Name (Last, First, Middle Initial)
Lone Star Leadership PAC

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Leadership PAC Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 33469903
Date of Disbursement

06 / 22 / 2011

Amount of Each Disbursement this Period

2000.00

Leadership PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Bill Cassidy For Congress

Mailing Address 8550 United Plaza Blvd.
Suite 1001

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Bill Cassidy, MD

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: LA District: 06

Transaction ID: 33484965
Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial) Building a Majority PAC Mailing Address 10 G Street, NE, Suite 570 City Washington State DC Zip Code 20002 Purpose of Disbursement Leadership PAC Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33484970 Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2011
	Amount of Each Disbursement this Period 1000.00 Leadership PAC Contribution

B. Full Name (Last, First, Middle Initial) Cantor For Congress Mailing Address P.O. Box 17813 City Richmond State VA Zip Code 23226 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33488342 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2011
	Amount of Each Disbursement this Period 5000.00 Campaign Contribution

C. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Mailing Address 426 C Street NE Rear Building City Washington State DC Zip Code 20002 Purpose of Disbursement Leadership PAC Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33488343 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2011
	Amount of Each Disbursement this Period 2500.00 Leadership PAC Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	113500.00